

Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060

Print Form



United States
Environmental Protection Agency
Washington, DC 20460

☒ Registration
☐ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Intelligent Fabric Technologies North America, Inc. 87246		2. EPA Product Manager -	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) ProTx2 W		PM# -	
5. Name and Address of Applicant (Include ZIP Code) Intelligent Fabric Technologies North America, Inc. 525 Denison Street Unit 2, Markham ON L3R <input checked="" type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. [REDACTED] Product Name [REDACTED]	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input checked="" type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Intelligent Fabric Technologies North America Inc. wishes to register ProTx2 W in the U.S. as a 100% repack of a U.S. EPA registered pesticide product [REDACTED]

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
* Certification must be submitted				<input checked="" type="checkbox"/> Plastic	
If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container	<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 40 lbs drum		5. Location of Label Directions <input type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Dr. David Bechtel		Title Authorized U.S. Agent	
		Telephone No. (Include Area Code) 903-429-9202	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature <i>David H. Bechtel</i>		3. Title Authorized U.S. Agent for IFTNA	
4. Typed Name David Bechtel		5. Date December 5, 2013	